PLEASE TYPE OR PRINT WITH PEN Business Name Bus. Start Date Corporate Name IN New Application Corporate Name Business Location dramptants Email Address Business Location Email Address dramptants State States States Tax No. Pederal ID No. State States Tax No. Processing State License No. State License No. State License No. State License Type State License No. Phone No. Alt. No. Expire Date Description of Business Onversitip Corporation Corporation Corp-Ltd Liability Partnership State Newsmanne Title Oriver's License No. Other ID No. Procens No. Common No. State States State States No. Other ID No. Common Karnes Title Driver's License No. Other ID No. Phone No. Description of ID On (J) (2) of the Business and Professions Code. State State States in accordance with Stactions No. Social Security No. Other ID No. Phone No. Phone No. Common Karnes Driver's License No. Other ID No. P	C 1885	Business Licer • Business Licer 8839 N Cedar Ave #212, PH (831) 920-3890 •	cific Grove nse Application ensing Division • Fresno, California 93720 • FAX (909) 348-0465 s://pacificgrove.hdlgov.com/	OFFICIAL USE ONLY Business License No. Expiration Date NAIC Code License Fee \$ Check # □ Credit Card □ Cash			
Corporate Name I New Application I New Application I New Application Business Location Email Address Email Address Business Location Email Address State Sta	PLEASE TYPE OR PRI	NT WITH PEN					
Corporate Name IN New Application IC hange Home Occupation Business Location Email Address	Business Name		в	us Start Date			
Business Location							
Address State Size No. Mailing Address State License No. State License No. State License No. State License No. State License No. Description of Business State License No. Ownership Corporation Corpo-Ltd Liability Presental INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary) 1st Owner Name Title Social Security No. Other ID No. Other ID No. Other ID No. Carmet be PO. Boy Other ID No. Other ID No. Phone No. Title Social Security No. Other ID No. Other ID No. Other ID No. Phone No. Other ID No. Other ID No. Other ID No. Other ID No. Other ID No. Phone No. Other ID No. Other ID No. Carmet be PO. Boy Other ID No. Other ID No. Phone No. Social Security No. Other ID No. Carmet be PO. Boy Other ID No. Phone No. Carmet be PO. Boy Other ID No. Phone No. Carmet be PO. Boy Other ID No. Phone No.	Business Location	(Cannot be P.O. Box per State of California Rusiness & Professions	Code Section 17520 El				
Mailing Address State ID No. State License No.		(5				
Mailing Address State License No. State License Type Phone No. Ait. No. Description of Business Ownership Corporation Corporation Corporation Title Social Security No. Driver's License No. Oriver's License No. Clearnat be P.O. Bool Other ID No. 2nd Owner Name Title Donal Control and Contrel and Contrel and Control and Control and Control and	-		F	ederal ID No.			
State License Type Alt. No. State License Type Alt. No. State License Type Alt. No. State License Type State License Type Alt. No. State License Type Alt. No. State License Type State License T	Mailing Address		S	tate ID No.			
Phone No, Alt. No. Expire Date Description of Business			S	tate License No.			
Description of Business Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Non-Profit PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary) Item additional sheet, if necessary) Ist Owner Name	-		s	tate License Type			
Description of Business Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Non-Profit PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary) Item estimates of the construction of the constr	Phone No.	Alt. N	o. E	xpire Date			
Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trut Non-Profit Personal INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary) Social Security No.							
PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary) 1st Owner Name Title Social Security No. Home Address Oriver's License No. Other ID No. (Cannot be P.O. Box) Phone No. Driver's License No. 2nd Owner Name Title Social Security No. Driver's License No. Home Address Other ID No. Driver's License No. Driver's License No. (Cannot be P.O. Box) Other ID No. Driver's License No. Driver's License No. (Cannot be P.O. Box) Other ID No. Phone No. Driver's License No. Driver's License No. (Cannot be P.O. Box) Phone No. Driver's License No. Driver's License No. Driver's License No. (Cannot be P.O. Box) Phone No. Phone No. Driver's License No. Driver's License No. • Have you filed a Fictitious Business Name Statement? IYes No If yes, please attach copy of approved filed FNS. • Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form. EMERGENCY NOTIFICATION - In case of emerg	Description of Busin	less					
tst Owner Name	Ownership 🛛	Corporation Corp-Ltd Liability	Partnership Sole Proprietor	Trust Non-Profit			
Home Address Driver's License No. (Cannot be P. 0. Box) Other ID No. Phone No. Phone No. 2nd Owner Name Title Home Address Other ID No. (Cannot be P. 0. Box) Phone No. Home Address Other ID No. (Cannot be P. 0. Box) Phone No. • Have you filed a Fictitious Business Name Statement? I Yes • Have you filed a Fictitious Business Name Statement? I Yes • Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form. EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call: Name Title Address Phone No. Cell Phone No. Cell Phone No. Cell Phone No. Cell Phone No. Cell Phone No. Cell Phone No. Cell Phone Ph		FION - Enter below names of Owners, Partner		•			
In the Address Other ID No. I Claimed be P.O. Box) Phone No. 2nd Owner Name Title Home Address Driver's License No. (Claimed be P.O. Box) Other ID No. Home Address Other ID No. (Claimed be P.O. Box) Phone No. • Have you filed a Fictitious Business Name Statement? I Yes • Have you filed a Fictitious Business Name Statement? I Yes • Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form. EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call: Name				-			
2nd Owner Name							
Home Address Title Driver's License No. (Cannot be P.O. Box) Phone No. • Have you filed a Fictitious Business Name Statement? Yes No If yes, please attach copy of approved filed FNS. • Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form. EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call: Name Title Address Phone No. Cell Phone No. Cell Phone No. Cell Phone No. Cell Phone No. Cell Phone No. Sections 4 for pering that the statements made in this application are gree that business shall be conducted in accordance with the City of Pacific Grove Municipal Code. I understand Hat Sales or Use Tax may apply torm y business activities No. of Residential # Owners/Employees # Se, ft. of business Set Upon issuance of a Business License, it shall be my responsibility to renew the license before the of anniversary month. Sales and/or Services Sales and/or Services			Р	hone No.			
Home Address Driver's License No. (Cannot be P.O. Box) Other ID No. Phone No. Phone No. • Have you filed a Fictitious Business Name Statement? I Yes No If yes, please attach copy of approved filed FNS. • Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form. EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call: Name	2nd Owner Name		Title	ocial Security No.			
Claiment be P(0, Box) Phone No. Phone No. Phone No. Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form. EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call: Name Address Phone No. Cell Phone No. EXTIFICATION AND ACKNOWLEDGEMENT Ideclare under penalty of perjury that the statements made in this application are frue. 1 further agree that business shall be conducted in accordance with the City of Pacific Grove Municipal Code.I Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of anniversary month.	Home Address		D				
 Have you filed a Fictitious Business Name Statement? Yes No If yes, please attach copy of approved filed FNS. Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form. EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call: Name Title Address Phone No. Cell Phone No. Sections 2 License Application Fees No. of # Sq. ft. of business Shall be conducted in accordance with the Statements made in this application are true. I further agree that business shall be conducted in accordance with the Statements made in this supplication are used to business License of Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of aniversary month.	(Cannot be P.O. Box)		- 0				
 Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form. EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call: Name Title Address Phone No. Cell Phone No. Cell Phone No. Cell Phone No. CertIFICATION AD ACKNOWLEDGEMENT I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Pacific Grove Municipal Code. No. of Residential # Owners/Employees # Sq. ft. of business SF if in city limits SF if in city limits SF if in city limits SF Estimated First Year Annual Gross Receipts (GR) for Sales and/or Services \$ 	-		F				
Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form. EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call: Name	 Have you filed a 	a Fictitious Business Name Statement?	□ Yes □ No If yes, please	ettach copy of approved filed FNS.			
back of this form. EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call: Name	• Per AB 2184, yo	ou may protect your residential address	by providing a different Service of Proc	ess address in accordance with			
EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call: Name Title Address Phone No.	Sections 16000	.1(a)(2) and 16100.1(a)(2) of the Busine	ess and Professions Code. To do so, p	lease fill out the section on the			
Name Title Address Phone No. Cell Phone No. Cell Phone No. PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN Business License Application Fees CERTIFICATION AND ACKNOWLEDGEMENT No. of Residential Rental Units # Owners/Employees # Sq. ft. of business SF I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Pacific Grove Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of anniversary month. No. of Residential First Year Annual Gross Receipts (GR) for states and/or Services	back of this form	n.					
Address Phone No.	EMERGENCY NOTIFIC	ATION - In case of emergency and I cannot b	e reached, please call:				
Cell Phone No. Clease FILL IN THE APPROPRIATE BOXES BELOW AND SIGN Business License Application Fees CERTIFICATION AND ACKNOWLEDGEMENT Business License Application Fees I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Pacific Grove Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of anniversary month. No. of Residential # Owners/Employees # Sq. ft. of business SF	Name		T	itle			
PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN Business License Application Fees CERTIFICATION AND ACKNOWLEDGEMENT I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Pacific Grove Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of anniversary month. No. of Residential Rental Units No. of # Sq. ft. of business SF	Address		P	hone No.			
CERTIFICATION AND ACKNOWLEDGEMENT I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Pacific Grove Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of anniversary month. No. of Residential # Owners/Employees # Sq. ft. of business SF Estimated First Year Annual Gross Receipts (GR) for Sales and/or Services			сс	cell Phone No.			
CERTIFICATION AND ACKNOWLEDGEMENT I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Pacific Grove Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of anniversary month. No. of Residential # Owners/Employees # Sq. ft. of business SF Estimated First Year Annual Gross Receipts (GR) for Sales and/or Services	PLEASE FILL IN THE API	PROPRIATE BOXES BELOW AND SIGN	Business I	License Application Fees			
renew the license before the end of anniversary month.	I declare under penalty of application are true. I fur	of perjury that the statements made in this	No. of Residential #				
	understand that Sales of Upon issuance of a Busi renew the license before	r Use Tax may apply to my business activities. iness License, it shall be my responsibility to e the end of anniversary month.					
Combustion engine leaf blowers are now banned in Pacific Grove. I agree that all persons affiliated with my business will only use plug-in electric or battery-powered leaf blowers. Significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa - The Department of Rehabilitation at www.dor.ca.gov - The California	Combustion engine lea I agree that all persons electric or battery-power	af blowers are now banned in Pacific Grove. affiliated with my business will only use plug-in	to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at				
	SIGN HERE						
	7		_				
RETURN APPLICATION BY MAIL TO:	Signat	ture of Owner or Representative	5	5			
Signature of Owner or Representative RETURN APPLICATION BY MAIL TO: Signature of Owner or Representative City of Pacific Grove - Business Licensing	, , , , , , , , , , , , , , , , , , ,		Fresn	ю, CA 93720-1832			
Signature of Owner or Representative City of Pacific Grove - Business Licensing Signature of Owner or Representative 8839 N. Cedar Ave #212 Fresno, CA 93720-1832 Fresno, CA 93720-1832			SCAN & RETURN	APPI ICATION BY FMAIL TO			
Signature of Owner or Representative City of Pacific Grove - Business Licensing Signature of Owner or Representative 8839 N. Cedar Ave #212 Title Date Date							
City of Pacific Grove - Business Licensing							
Signature of Owner or Representative City of Pacific Grove - Business Licensing Signature of Owner or Representative 8839 N. Cedar Ave #212 Fresno, CA 93720-1832 Fresno, CA 93720-1832	7hai	nk you for doing business					
Signature of Owner or Representative City of Pacific Grove - Business Licensing Signature of Owner or Representative 8839 N. Cedar Ave #212 Title Date Thank you for doing business SCAN & RETURN APPLICATION BY EMAIL TO:	in th	in the City of Pacific Grove pacificgroveps@hdlgov.com					

SERVICE OF PROCESS ADDRESS, PUR	SUANT TO AB 2184 - AVAILABLE FOR	PUBLIC INSPECTION			
If you wish to protect your residential NOTE - if your service of proces 17538.5 of the California Business ar	ess address is a post office bo			ı (2) of subdivision	(b) of Section
Service of Process Address					
Residential Address to protect	Business Location	Mailing Address	Owner/Partner/Offic	er Address	